76. A 50-year-old female patient diagnosed for hypercholesterolemia comes to a pha working in chronic pharmacy with a prescription containing Lovastatin with the app dosage. One week later, the patient complains of pain and fever. The Pharmacist o that the patient's Creatinine kinase level is elevated and already develops myopathy.

What is the most appropriate advise that the pharmacist should provide in this case?
(A) Discontinue with the drug
(B) Continue with the drug
(C) Increase the dose
(D) Decrease the dose

77. A patient suffering from myasthenia gravis comes to a pharmacist working in a pharmacy with a prescription of Neostigmine, initial dose of 0.5mg IM an already purc another drug from a private pharmacy for a certain bacterial infection. The patient com about worsening of his condition upon taking the two medications together.

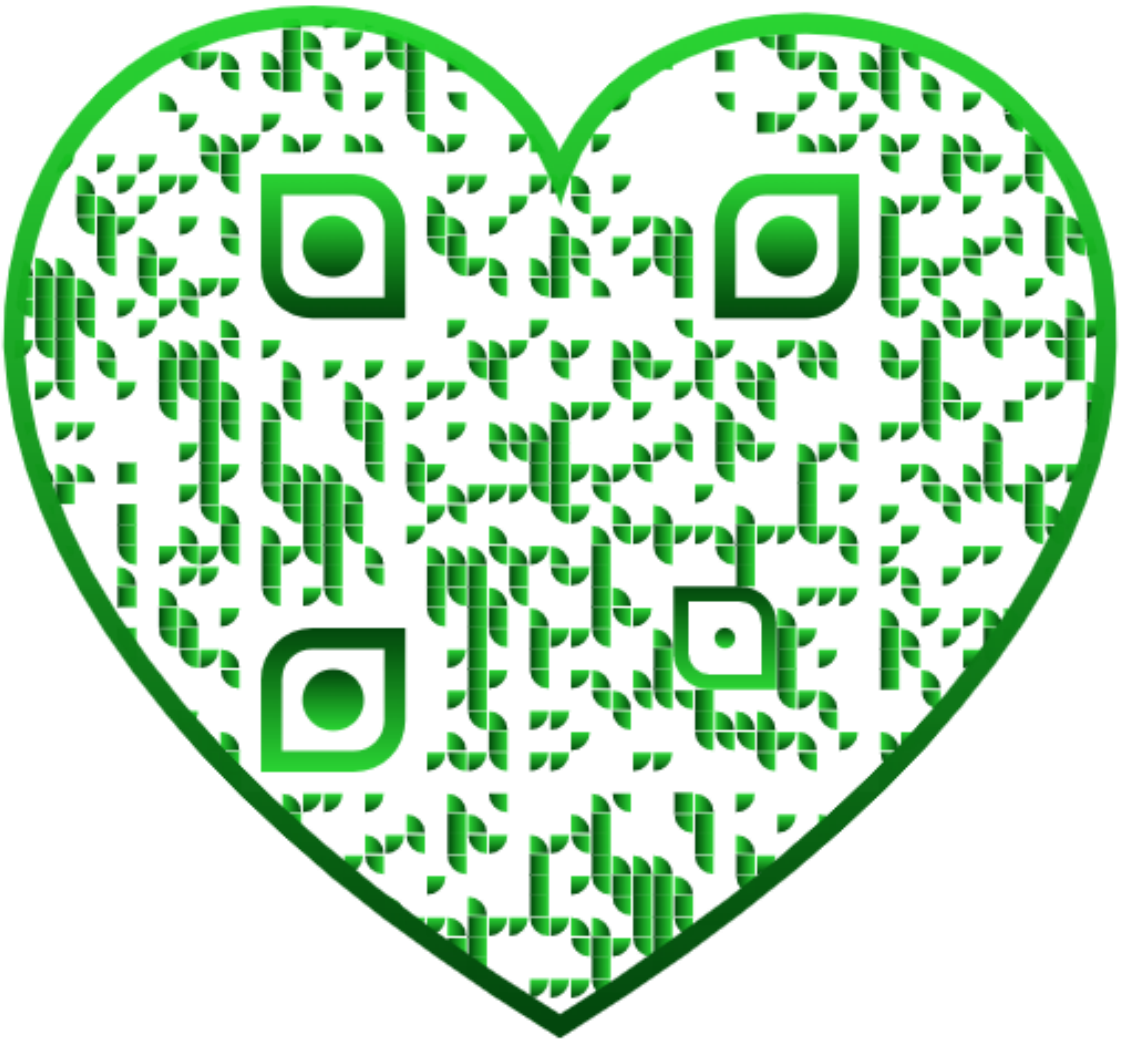
What is the most likely drug that the patient purchased from the private pharmacy?
(A) Ampicilin
(B) Cotrimoxazole
(C) Gentamycin
(D) Metronidazole

78. A 20-year-old man with symptoms of coma, respiratory depression, and pinpoint pupi brought to a hospital by his friends. His friends explained that they were using hero closed hidden room. The physician approached a pharmacist for a recommendat antidote.

What is the appropriate antidote the pharmacist should recommend in this case?
(A) Flumazenil (B) Disulfiram (C) Naloxone (D) Pro

79. A physician prescribes INH 300 mg PO QD of six months for a patient who is at ris infection. The pharmacist on duty dispenses the drug with the appropriate instructio eight weeks, the patient comes to the pharmacist and complains for fatigue, anor weakness.

What should be the most appropriate advice for this patient?
(A) Increase the daily dose of the drug
(B) Decrease the daily dose of the drug
(C) Stop the drug and substitute other drug
(D) Stop the drug and consult a physician



A pharmacist received a call from a wife of a 34-year-old male patient with Type-I dia mellitus after she found him unconscious. She reported that the patient was on insulin an missed his lunch.

What is the most appropriate advice the pharmacist should give her?
(A) Provide him a 1 table spoonful or 3 cubes of sugar
(B) Observe the patient until he becomes conscious
(C) Take him to hospital and get emergency drugs
(D) Buy glucose 40% from pharmacy and give orally

81. A 45-year-old man with a history of well controlled hypertension and smoking came to community pharmacy requesting for anti-acid after he experienced epigastric burn and bloo vomiting of three days duration. The pharmacist referred the patient to a hospital for furth evaluation and treatment.

What is the most likely reason for referral of this patient?
(A) Smoking (B) Hematemesis (C) Hypertension (D) Hurt burn

82. A 42-year-old COVID-19 infected patient and who was under a self-quarantine at home made a call to the nearby pharmacy. He consulted a pharmacist on the type of analgesic agen he should take to lower his mild pain and headache. The pharmacist stressed on on particular analgesic agent that he should avoid using in particular.

What is the most probable analgesic agent that the patient was consulted to avoid?
(A) Indomethacin (C) Diclofenac
(B) Paracetamol (D) Ibuprofen

83. A patient who usually consumes raw meat comes to a pharmacist and reports symptoms li abdominal cramp, dizziness and passage of segments of a worm through the anus. T pharmacist suspects a *Taenia saginata* infection.

What is the most appropriate drug that the pharmacist should dispense?
(A) Thiabendazole (C) Praziquantel
(B) Albendazole (D) Niclosamide

84. A patient treated with Methotrexate comes to a pharmacist working in an oncology c with a prescription containing Ondansetron 8 mg PO BID for two months.

What is the most appropriate advise that the pharmacist should provide to this patient?
(A) Use it PRN (C) Use it occasionally
(B) Use it regularly (D) Use it during vomiting

16. A 14-year-old woman presents to a hospital with a complaint of moderately intense unilateral headache of two weeks duration. The head ache is usually accompanied by sever vomiting. Hence, the physician in charge diagnosed as migraine.

What is the initial drug of choice for the management of this patient?

(A) Acetaminophen
(B) Tramadol
(C) Aspirin
(D) Sumatriptan

17. A 31-year-old female known epileptic patient came to a neurology clinic for regular follow-up. She has been maintained on one of the standard antiepileptic drugs. Throughout her course of therapy, she was tested positive for pregnancy. The neurologist warned her to stop the current drug since the drug has a high potential to cause major birth defect.

What is the most likely drug that she has been taking?

(A) Carbamazepine
(B) Phenobarbital
(C) Valporic acid
(D) Phenytoin

17. A 32-year-old man was on standard dose of Carbamazepine of three months for generalized partial seizure. The client presented to a neurology clinic complaining minimal improvement in his seizure control. The clinical team decided to initiate Sodium Valporate.

What is the most likely laboratory test that should be done before starting the drug?

(A) Liver function test
(B) Renal function test
(C) Thyroid function test
(D) Serum electrolytes

18. A 60-year-old man was presented to an emergency department with complaints of easy fatigability and palpitation. With thorough history, physical examination and laboratory investigations, the physician in charge set the diagnosis as tachyarrhythmia as the ECG sheet dictates PR-segment of 0.15sec, P wave 0.10sec, QRS rate 120/min and QTc 0.40sec.

Which ECG finding is most likely in line with diagnosis?

(A) PR-segment duration
(B) P wave duration
(C) QTc duration
(D) QRS rate

19. A 45-year-old man with history of acute coronary syndrome came to an emergency department with complaints of respiratory depression, confusion and inability to arouse from bed. He was on Clopidogrel, warfarin, low dose Aspirin and Morphine. The clinical team associated the complaints with the drugs he has taken.

What drug is the most likely cause for his complaints?

(A) Morphine
(B) Warfarin
(C) Aspirin
(D) Clopidogrel

10. A 43-year-old woman with schizophrenia has gained 5.5 kg weight with an in abdominal girth since she started taking Risperidone over the past 3 months.

For what clinical condition will the woman most likely be exposed?

(A) Hypertension
(B) Diabetes mellitus
(C) Congestive heart failure
(D) Ascites from liver failure

11. A 57-year-old man with long term schizophrenia has been maintained on a new antipsy drug. Now he reports that there are frequent incidences of seizure since he started takir medication. All other findings are normal.

What is the most likely drug that is responsible for his complaint?

(A) Clozapine
(B) Olanzapine
(C) Risperidone
(D) Ziprasidone

12. A 35-year-old high school teacher began to experience mood changes in recent days. He losing interest in his work and lost the desire to play his daily tennis match. He preoccupied with feelings of guilt, worthlessness, and hopelessness. In addition to psychiatric symptoms, the patient complained of muscle aches throughout his body. Physic and laboratory tests were unremarkable. After six weeks of therapy with Fluoxetine, h symptoms resolved. However, the patient again complains of sexual dysfunction.

What will be the most useful initial approach to manage his compliant?

(A) Wait and see
(B) Reduce the dose
(C) Initiate Sildenafil
(D) Change to other antidepressant

13. A 28-year-old man with manic-depressive disorder has been maintained on Lithiun carbonate for two years and his mood was stable in those years. Now, he reports a gradua onset of fatigue, weight gain and cold intolerance.

What is the most likely laboratory test to diagnosis his problem?

(A) Thyroid-stimulating hormone
(B) Hepatic function panel
(C) Glucose tolerance test
(D) Hematocrit

14. A 10-year-old boy, who is on an antiepileptic drug for one year for generalized tonic seizur visits a dentistry clinic complaining an overgrowth of gum tissue. On assessment, oth findings are unremarkable. The dentist in charge consults a clinical pharmacist for possib association with the patient's antiepileptic drug that he could not remember by its name.

What is the most likely drug the pharmacist would suspect?

(A) Sodium valporate
(B) Phenobarbitone
(C) Carbamazepine
(D) Phenytoin

A 42-year-old male patient presented to a hospital with complaints of lower abdominal pain and diarrhea of one day duration. Since the onset of diarrhea, he passed bloody and mucoid stool about nine times. Stool examination showed trophozoites typical of *E. histolytica*.

What is the most likely priority treatment to have better outcome?

(A) Giving resuscitation fluid
(B) Eradicating the invasive disease
(C) Eradicating the cysts to prevent relapses
(D) Preventing transmission to others through faces

8. A 40-year-old woman presents to a hospital with complaints of nausea with three episodes of vomiting since one day back and abdominal pain, fever and chills of one week duration. On examination, she appears jaundiced and reports dark-colored urine. Her laboratory investigations revealed WBC count: $15 \times 10^3/\mu L$ (normal range: $3.54–9.06 \times (03/mm^3)$), SCr: 1.1 mg/dL (normal range: 0.6–1.6 mg/dL), Total bilirubin: 6 mg/dl. (normal range: 0.3 – 1.3 mg/dl), Alkaline phosphatase: 270 U/L (normal range: 44 – 147 U/L) and aminotransferases were also mildly elevated. The diagnosis was set to be acute cholangitis with possible *E. coli* infection.

What is the most appropriate treatment monitoring parameter in this patient?

(A) Serum creatinine
(B) Alkaline phosphatase
(C) Alanine amino transferase
(D) Aspartate aminotransferase

9. A five-year-old female child who is on ART is presented to a clinic with a compliant of dry cough of one week duration. On assessment; she has fever, dyspnea and fatigue. Otherwise, the patient is stable and a presumptive diagnosis is set to be pneumocystis jiroveci pneumonia.

What is the most appropriate drug therapy for this patient?

(A) Trimethoprim–sulfamethoxazole IV 15 mg/kg/day as trimethoprim component TID for 7 days.
(B) Trimethoprim–sulfamethoxazole IV 15 mg/kg/day as trimethoprim component QD for 7 days.
(C) Trimethoprim–sulfamethoxazole orally 15 mg/kg/day as trimethoprim component TID for 21 days.
(D) Trimethoprim–sulfamethoxazole orally 15 mg/kg/day as trimethoprim component QD for 21 days

A 20-year-old sexually active male patient is diagnosed for gonococcal urethritis and came with a prescription containing a certain drug with the appropriate dosage. The pharmacist working in the dispensary tells the patient to take the drug with or without food.

What is the most likely drug dispensed for this patient?

(A) Azithromycin
(B) Clarithromycin
(C) Erythromycin
(D) Vancomycin

73. A 25-year-old female patient diagnosed with lymphogranuloma venereum and anemia comes to a pharmacist with a prescription that requests for Doxycycline 100 mg PO BID for three weeks and a certain another drug. The pharmacist advises the patient to take the other drug an hour before or two hourS after taking the Doxycycline.

What is the most likely drug that is dispensed with Doxycycline?

(A) Cyanocobalamin
(B) Ferrous sulfate
(C) Folic acid
(D) Iron dextran

74. A patient with stable angina comes with a prescription containing sublingual Nitroglycerine with appropriate dosage. The pharmacist on duty is concerned about the tolerance issue associated with nitroglycerine and wants to tell his patient important information that can enhance the efficacy of the prescribed drug.

What is the most pertinent advise the pharmacist could give in this case?

(A) Increase drug's daily dose
(B) Take the drug regularly
(C) Have a drug free period
(D) Stop this drug abruptly

75. A patient diagnosed with iron deficiency anemia came to an OPD pharmacy with a prescription containing ferrous sulfate with appropriate dosage. Accordingly, the pharmacist dispensed the requested medicine. On his next visit, the patient explains that he fails to adhere to his treatment due to a certain side effect. Subsequently, the patient is still suffering from anemia.

What is the most likely side effect related to poor adherence to treatment in this patient?

(A) Orange urine
(B) Black urine
(C) Orange stool
(D) Black stool

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67. A patient brought a prescription to prepare a cough mixture of 125 ml Codeine solution. The cough mixture is intended to contain 12 mg of Codeine in each teaspoonful of the solution.

How many milligrams of Codeine are required to prepare the solution?

(A) 2500 (B) 625 (C) 300 (D) 60

68. A compounding pharmacist received a prescription to prepare a certain dermatological ointment to be applied twice daily for 2 weeks. The pharmacist in charge has prepared the formulation and dispensed to the patient with adequate counseling.

What is the most appropriate cautionary label for this preparation?

(A) Take twice daily
(B) For topical use only
(C) Use for few days only
(D) Store at room temperature

69. A patient brought a prescription containing ARV drugs for his monthly follow up. While preparing and packaging medicines, the patient urged the pharmacist to issue quickly telling that she is familiar with the medicines so that she can go for her business.

What is the most appropriate next step in managing this patient?

(A) Evaluating and Validating the prescription
(B) Labeling and providing information
(C) Issuing medicines to the patient
(D) Documenting the actions taken

70. A hospital pharmacist received a treatment order of Triamcinolone 0.05%, Ointment Base ad 120 g. Sig. Apply daily to the affected area. The pharmacist prepared the medication accordingly and wrote a label, which includes patient's name, Triamcinolone ointment, apply topically daily for one month.

What is the most likely missed labeling information for this extemporaneous prescription?

(A) Brand name
(B) Generic name
(C) Batch number
(D) Direction for use

71. 21-year-old male and 23-year-old female sibling patients came with prescriptions for Amoxicillin and Cloxacillin, respectively. The pharmacist in charge received their prescriptions and dispensed with adequate instructions. However, up on going to their home, they mixed up their medicines and could not identify which one to take properly.

What is the most likely dispensing procedure missed in this case?

(A) Interpreting and understanding
(B) Documentation and counseling
(C) Recording the transaction
(D) Packaging and labeling

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4. A 45-day-old child is presented to an emergency department with irritability and fever. C culture showed streptococcus pneumonia which was diagnosed as bacterial meningitis. The physician in charge prescribed Ceftriaxone 100 mg/kg BID for 14 days and Dexamethasone 0.6 mg/kg/day to be given 20 minutes before the first antibiotic dose and QID for 02 days.

What is the most likely drug therapy problem that needed additional Dexamethasone needed?

(A) Increase in neurologic sequel
(B) Decrease in bactericidal activity
(C) Increase in antibiotic penetration
(D) Decrease in antibiotic penetration

5. A 45-year-old man presents to a hospital with compliant of cough of two days duration. The patient has no previous medication and medical history. On physical examination, his pulse rate is 70/min, respiration is 16/min, blood pressure is 110/70 mmHg, and the patient is oriented to time, person and place. On laboratory investigation, blood urea nitrogen is 12 mg/dl (Normal range: 8–23 mg/dL). The presumptive diagnosis is community acquired pneumonia.

What is the most appropriate initial therapy for this patient?

(A) Benzyl penicillin 3 million IU I.V. QID for 7 days
(B) Amoxicillin 500 mg P.O. TID for 7 days
(C) Ceftazidime 1gm I.V. TID for 10 days
(D) Ceftriaxone 1gm IV BID for 7 days

6. A 25-year-old woman presents to a hospital with a complaints of worsening pain, redness, and swelling on her left leg of three days due to an abrasion that occurred after a falling accident. During the past one and half days, the leg becomes increasingly painful and tight. The patient has no past medical and medication history. On examination, the area is red, painful, warm to touch, and there is no discharge, fever or chills. The presumptive diagnosis is mild cellulitis.

What is the most appropriate empirical therapy for this patient?

(A) Ceftriaxone 1g IV BID for 5 days
(B) Amoxicillin 500 mg orally TID for 7 days
(C) Cloxacillin 500 mg orally QID for 7 days
(D) Penicillin VK 250 mg orally TID for 7 days

Ethiopian Health Professionals' Licensure Examination

Pharmacy Exam
Yekatit 2013/February 2021
PART ONE

BOOKLET CODE: 017
Number of Items: 100

SUBJECT CODE: 07
Time Allowed: 2:30 hours

DIRECTIONS: Each of the following questions is followed by four possible alternative answers. Read each question carefully and **Darken** the letter of your best choice on the separate answer sheet provided.

1. A one-month-old male infant is presented to the pediatrics emergency department due to irritability and inability to suck breast milk for one day. His mother also told the clinician that her son has episodes of seizure. On physical examination, his fontale is bulged.

   What is the most likely diagnosis?
   (A) Sepsis
   (B) Meningitis
   (C) Pneumonia
   (D) Infective endocarditis

2. A 45-year-old male patient presented to a health center with fever, skin rash, sore throat and muscle pain. The patient mentioned of having unprotected sexual intercourse six weeks back. On investigation, his antibody test revealed an HIV infection.

   What is the most likely status of this disease?
   (A) Latency period
   (B) Asymptomatic stage
   (C) Symptomatic disease
   (D) The acute viral syndrome

3. A 35-year-old pregnant woman who is taking anti-tuberculosis drugs comes to a hospital with a compliant of numbness in her feet. The physician suspected isoniazid induced peripheral neuropathy and prescribed pyridoxine 25mg PO daily as a treatment.

   What is the mechanism behind her peripheral neuropathy?
   (A) Increasing production of GABA
   (B) Decreasing the concentration of glutamate
   (C) Inhibiting the enzyme N-acetyltransferase-2
   (D) Depleting neuronal pyridoxal 5'-phosphate

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89. A pharmacist wanted to inaugurate a drug information service in a certain hospital. develops many drug information materials and documented them in the drug inf center.

What is the most appropriate next step in the drug information processing?
(A) Determine the purpose of the drug information materials
(B) Store the drug information materials in drug information center
(C) Decide what type of writing style to be used based on audiences
(D) Communicate the information with other health professionals

90. A clinical pharmacist observed that most of A hospitalized patients are receiving Cimeti The pharmacist reviews literatures and found that this drug is strong enzyme inhibitor has drug interactions with most drugs than Ranitidine. The pharmacist requested the drug therapeutic committee for addition of ranitidine and removal of Cimetidine from the hosp formulary.

What is the most appropriate parameter considered for replacing this drug formulary?
(A) Efficacy
(B) Safety
(C) Cost
(D) Formulation

91. A 70-year-old male hypertensive patient has been taking Enalapril 5mg PO daily, but blood pressure was poorly controlled. The physician consults an attending pharmacist ab the effectiveness of Amlodipine compared to Enalapril to consider a regimen switch u "Population- Intervention-Comparison-Outcomes (PICO)" model for framing his questio

What is the "Comparison" for framing the question in this scenario?
(A) Hypertension
(B) Enalapril
(C) Amilodipine
(D) Blood pressure

92. A 32-year-old female patient presented to a hospital with a compliant of absc menstruation for two consecutive months. On examination, her blood pressure was mmHg (repeated 155/4 mmHg), Temperature 36.7°C, Respiratory rate 20/min and Pu 84/min. She was positive for pregnancy test. It is expected from the Pharmacist to sy recommendations for antihypertensive drugs considering the patient, disease and me related factors.

What are the factors that should be considered to provide appropriate recommendati
(A) Age, pregnancy, blood pressure
(B) Sex. pregnancy, pulse rate
(C) Pulse rate and pregnancy
(D) Blood pressure and preg

85. A 30-year-old patient is diagnosed for non-gonococal urethritis and came to a pha working in dispensary with a prescription requesting for Erythromycin 500 mg PO Q seven days. The pharmacist documents all the necessary information with proper hand and recording.

For how long does this pharmacist need to keep records of this patient?

(A) Two years
(B) Three years
(C) Four years
(D) Five years

86. A 25-year-old male patient diagnosed for Chancroid comes to a pharmacist working in a private pharmacy with a prescription of Ciprofloxacin 500 mg PO BID for 3 days and a certain another drug. The pharmacist advises the patient not to take Ciprofloxacin with the other drug for at least three days.

What is the most likely drug that forced the decision of the pharmacist?

(A) Iron dextran
(B) Iron sucrose
(C) Ferrous sulfate
(D) Ferric sorbitol

87. A physician requested a pharmacist working in drug information center about Metformin use in the treatment of metabolic disorder occurred due to use of Olanzapine for the treatment of schizophrenia.

What is the most appropriate order for search sources to the information?

(A) Primary→ Secondary→ Tertiary
(B) Secondary→ Primary→ Tertiary
(C) Primary→ Tertiary→ Secondary
(D) Tertiary→ Secondary→ Primary

88. A pharmacist working in drug information center wanted to prepare news letter on a drug for health care professionals working in a hospital.

What should be the appropriate steps for composing the news letter?

(A) Summary → Body → Conclusion
(B) Introduction → body→ Conclusion
(C) Introduction → Methods → Result→ Discussion
(D) Summary→ Result → Result → Conclusion

A 40-year-old Type-II diabetic patient came to a hospital for his regular follow up. His current complaints are: easy fatigability, poor appetite, polyuria and nocturia. His routine laboratory investigation revealed proteinuria and moderate anemia. He is taking medications of Metformin 1000 mg P.O BID, Glibenclamide 5mg P.O BID for one month. His current estimated glomerular filtration rate is 25 ml/min and a physician assessment reveals a chronic kidney disease (CKD).

What is the most appropriate next step in the management of this patient?

(A) Continuing with current treatment
(B) Discontinuing with Metformin
(C) Initiate Enalpril
(D) Decrease the dose of Metformin

25. A 40-year-old man with a history of chronic asthma came to an outpatient department for regular follow up. He complains now for shortness of breathing, chest tightness, night time coughing, wheezing and a whistling sound when breathing. He experienced these symptoms three times per week which even awakens him at night time four times per month despite the use of Salbutamol inhaler. Pulse oximetry shows oxygen saturation of 92% in room air.

What is the most likely type of asthma this patient has?

(A) Mild Persistent asthma
(B) Severe persistent asthma
(C) Moderate persistent asthma
(D) Intermittent persistent asthma

26. A 47-year-old patient, with known chronic obstructive pulmonary disease (COPD category B), visited an outpatient department for his regular follow up. On assessment: he is an active smoker, alcohol user and khat chewer for the last 15 years. Based on this finding, the physician prescribed the drugs as per the protocol by consulting the clinical pharmacist in charge and left for the pharmacist to counsel on possible priority interventions before sending him back home.

What is the most appropriate symptomatic counseling intervention for this patient?

(A) Ceasing Alcohol
(B) Ceasing Smoking
(C) Decreasing *khat* intake
(D) Decreasing alcohol intake

27. A 62-year-old man arrives at an emergency department complaining of excessive bleeding after minor finger cuts and bruising for no apparent reason. The patient medication history shows that he has been taking Warfarin for atrial fibrillation for three years, Beclomethasone and Salbutamol inhaler for asthma for six months and Theophylline for two weeks. Currently, his asthma is well controlled than two weeks back.

From what drug therapy problem was the patient most likely suffering?

(A) Warfarin adverse effect
(B) Theophylline adverse effect
(C) Beclomethasone adverse effect
(D) Salbutamol inhaler adverse effect

20. A 45-year-old man with a known hypertension and diabetes was presented to a hospital for routine follow up. He was on Hydrochlorothiazide, Amlodipine, Metformin and Spironolactone. The laboratory finding revealed elevated fasting blood glucose and uric acid. The medical team decided that the patient's diabetes is not well controlled and the possible rationale was linked with the drugs he takes.

Which drug should be changed to control the patient's diabetes?

(A) Spironolactone
(B) Metformin
(C) Hydrochlorothiazide
(D) Amlodipine

21. A 45-year-old man who is diagnosed with hypertension, maintained on Hydrochlorothiazide 50mg daily and Nifedipine 60 mg daily. On assessment, he smokes cigarette occasionally, ingests 300 ml (4%) alcohol daily and has limited salt intake. His BMI was 27 kg/m^2. On today's arrival, his diastolic blood pressure is increased by 15 mmHg than the usual.

What is the most appropriate non-pharmacologic counseling should be given to him?

(A) Quit smoking cigarette
(B) Stop salt consumption
(C) Stop alcohol consumption
(D) Do regular moderate exercise

22. A 60-year-old patient presented with midline anterior chest discomfort, increasing pain that lasts more than 20 minutes for the past six hours. On ECG evaluation, ST-segment was elevated and two value increases in CK-MB biomarker set by hospital and oxygen saturation was 95%. The clinician presumptively diagnosed as ST-segment-elevation acute coronary syndrome.

What diagnostic test would be recommended to confirm the problem?

(A) Oxygen saturation test within 24 hour
(B) Cardiac biomarker test within 48 hour
(C) Serum fasting lipid panel test within 48 hour
(D) Blood chemistry tests for sodium with 12 hour

23. A 40-year-old woman on Amlodipine and Hydrochlorothiazide for hypertension management came to the outpatient department for regular follow-up. She was taking combined oral contraceptives and Acetaminophen additionally. On examination, her blood pressure was not controlled for the last two weeks despite good adherence to the regimen. The clinical team in charge associated the poor blood pressure control with the drugs being taken.

What is most likely drug that could cause a poor control in her blood pressure?

(A) Combined oral contraceptive
(B) Hydrochlorothiazide
(C) Acetaminophen
(D) Amlodipine

28. An 18-year-old boy presented to a clinic with a complaint of dyspnea and coughing limited his ability to cope up with his basketball teammates. He states that "it is worse when playing outdoors and worsens in recent days than a month ago". He has a history of experiencing several attack of bronchitis as a young child and the teammate's match usually lasts 90-95 minutes.

What is the most appropriate preventive therapy for this patient?
(A) Albuterol 10 minutes before exercise
(B) Salmetrol 10 minutes before exercise
(C) Formoterol 10 minutes before exercise
(D) Terbutaline 10 minutes before exercise

29. A 67-year-old man was presented to an emergency department with a complaint of excessive bleeding from minor bruising and cuts while shaving his face. The patient medication history shows that he has been taking Warfarin for atrial fibrillation for three years, Beclomethasone and Salbutamol for his asthma for six months. In addition, he started an oral Theophylline three weeks back because of increasing in frequency and severity of asthma symptoms. The laboratory result indicates that international normalized ratio (INR) of 3.5 (normal range: 2.5 – 3.5).

What is the most appropriate management for this patient?
(A) Monitor INR
(B) Discontinue with Warfarin
(C) Administer vitamin K
(D) Discontinue with Theophylline

30. A 28-year-old known Type-I diabetes woman visited an outpatient department complaining bilateral foot pain, which she described as a burning and tingling sensation. She is on Insulin therapy for the last six years and currently has poor glycemic control. An examination of her feet reveals that cool extremities with absent pulses, reduced vibration perception and loss of 10-g monofilament pressure sensation.

What is the most likely assessment in favor of her presentation?
(A) Peripheral neuropathy
(B) Deep vein thrombosis
(C) Autonomic neuropathy
(D) Peripheral arterial disease

A 53-year-old known diabetes mellitus man visited an OPD for his regular follow up. He was taking Metformin 1000 mg BID for the last three months in addition to life style modifications. His respiration is 18/min, blood pressure 115/80 mmHg, pulse rate 68/min. Laboratory result shows that K^+ 4.8 meq/L (normal range: 3.5 – 4.5 meq/L), Na^+ 143 meq/L (normal range: 136 – 146 meq/L), estimated GFR 48 ml/min/1.73m^2, BUN 28 mg/dL (normal range: 7 – 20 mg/dL) and fasting blood glucose 150 mg/dL. Based on the findings, the physician planned to increase Metformin to 1500 mg BID and give appointment for three months awaiting of the clinical pharmacist's recommendation.

What is the most appropriate recommendation the pharmacist should deliver?
(A) Support the physician's decision
(B) Add insulin to the current regimen
(C) Add Glibenclamide to the current regimen
(D) Discontinue with Metformin and initiate Glibenclamide

32. A 30-year-old woman was presented to an emergency department with signs and symptoms suggestive of diabetic ketoacidosis. Then, the clinical team started to manage the patient with regular insulin and intravenous fluids.

What is the most likely monitoring parameter during acute patient management?
(A) Serum insulin level
(B) Serum potassium level
(C) Serum alkaline phosphatase
(D) Serum low density lipoprotein

33. A 26-year-old woman visited an outpatient department with a complaint of epigastric pain of three days duration. She further reports that the pain is accompanied by heart burn, belching and bloating and it usually awakens her from sleep between 12:00-3:00 AM. Based on the findings, the physician suspected bacterial infection.

What is the most appropriate diagnostic test for this patient?
(A) Urea breath test
(B) Stool guaiac test
(C) Fecal antigen test
(D) Antibody detection test

34. A 53-year-old woman has been taking Ibuprofen 400 mg PO TID for the last six mo which relieved her joint pain secondary to rheumatoid arthritis. But she comes to a outpatient clinic with complaints of loss of appetite, epigastric pain, and nausea and vomiting after eating. The physician in consultation with the clinical pharmacist associated the patient complaint to the drug she has been taking.

What is the most likely intervention recommended for this woman?
(A) Continue with Ibuprofen and give Cimetidine
(B) Discontinue with Ibuprofen and give Cimetidine
(C) Continue with Ibuprofen and give Omeprazole
(D) Discontinue with Ibuprofen and give Omeprazole

35. A 27-year-old male patient is diagnosed with *Helicobacter pylori* associated peptic ulcer disease. Evaluation of his medical record shows that he has a history of penicillin allergy.

What is the most appropriate therapeutic regimen for this patient?
(A) Tetracycline + Clarithromycin + Omeprazole
(B) Amoxicillin + Clarithromycin + Omeprazole
(C) Ciprofloxacin + Clarithromycin + Omeprazole
(D) Metronidazole + Clarithromycin + Omeprazole

36. A 52-year-old woman developed a portal hypertension secondary to cirrhosis for which she has been taking appropriate doses of Frusemide and Spironolactone. Today she comes to the outpatient department for her regular follow up.

What is the most likely clinical chemistry parameter to monitor this case?
(A) Serum glucose
(B) Serum potassium
(C) Serum bicarbonate
(D) Serum creatine kinase

37. A 44-year-old woman has been taking appropriate dose of ferrous sulfate for iron deficiency anemia and aluminum containing anti-acid for two weeks of dyspepsia. Today she comes to an outpatient department complaining unrelieved symptoms of anemia and reports that she has been taking both medications at the same time.

What is the most likely drug therapy need of this patient?
(A) Noncompliance
(B) Indication
(C) Safety
(D) Effectiveness

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